

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8	/						58		/				
9	/						59		/				
10	/						60	/					
11		/					61	/	/				
12		/					62	/					
13		/					63	/					
14		/					64		/				
15		/					65		/				
16		/					66		/				
17	/						67		/				
18		/					68		/				
19		/					69		/				
20		/					70	/					
21		/					71	/					
22		/					72	/					
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29	/						79	/					
30	/						80		/				
31	/						81		/				
32	/						82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39	/						89		/				
40	/						90		/				
41	/						91	/					
42		/					92	/					
43		/					93	/					
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50							100						
TOTAL IND.	44						TOTAL IND.						
TOTAL DEP.	69						TOTAL DEP.						
TOTAL CLAIMS	93						TOTAL CLAIMS						